PSYCHOLOGICAL ASPECTS OF PROSTATITIS

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CHRONIC PROSTATITIS
Psychological aspects

- Pain
- Lower urinary tract symptoms
- Sexual dysfunctions

- Serious difficulty in concentration
- Interference with work activities
- Limited social life with resulting loss of interests
- Inexistent or limited sexual activity
Sexual dysfunction
- 52% total or periodic impotence or decreased libido
  (Keltikangas-Jarvinen L et al, 1981)
- 45% exacerbation of pain during or after intercourse
  (Egan KJ et al, 1994)
- 19% erectile deficiency, 28.4% ejaculatio praecox,
  33.5% pain or discomfort at the penis (Rizzo M et al, 2003)

Absence from work
- 46% of patients had missed some work because of this disease
  (Alexander RB et al, 1996)
- 15% of patients absents from work because of the actual prostatitis; mean absence: 7.6 days (range 1-60)
  (Rizzo M et al, 2003)
Symptoms’ characteristics
- Irritating tendency to suffer from relapse
- Poor response to therapy

Quality of life similar to that of patients suffering from recent myocardial infarction, unstable angina, or active Crohn’s disease (Wenninger K et al, 1996; McNaughton-Collins et al, 2000)
Frequently psychiatric disorders coexist with CP/CPPS, but the assessment of their relative contribution and causal role is not often feasible.

In more than 60% of patients with chronic prostatitis there are also psychological or depressive problems up to a certain point (Keltikangas-Jarvinen L et al, 1981; Egan KJ et al, 1994; Krieger JN et al, 1996; Drabick JJ et al., 1997).

- Symptoms’ characteristics
- Irritating tendency to suffer from relapse
- Poor response to therapy
1832 patients

Fear of undetected prostate cancer or of having a sexual transmitted disease and suicidal tendencies are significantly more common in patients with a history of C.P./C.P.P.S.

- Erectile dysfunction: 43%
- Decreased libido: 24%
- Marital difficulties: 17%
- Higher tendency towards suffering from anxiety, worry and nerves

*(Mehik A. et al., BJU 2001)*
Psychologic factors have been considered to play an important role in the etiology of CP/CPPS and a variety of psychopathological findings is described: depression, anxiety and hypocondriasis, identity disorders, hysteria, others.

It is suggested a certain etiological role of psychic factors in CP/CPPS, but it's not proved whether CP/CPPS symptoms lead to psychiatric disease or whether psychiatric disease leads to worse CP/CPPS symptoms.

It is impossible to conclude that there are personality variables that specifically identify the CP patients.

(Keltikangas-Jarvinen L et al, 1981; Nickel JC, 2003; McNaughton Collins M et al., 2003; Ku JH et al., 2005)
Functional somatic syndromes were found in 65.1% of CP/CPPS patients: irritable bowel syndrome (35%), chronic headache (36%), fibromyalgia (5%) and non specific rheumatologic and dermatologic symptoms (25%) (Potts JM et al, 2001).

Psychological stress has been shown to be a precipitating or exacerbating factor in CP/CPPS (Mehik et al, 2001).
LONG-TERM STRESS SYNDROME

- Persistence of stress agents (complaints) despite all treatments
- Patients are dissatisfied and unhappy, often discouraged: in addition is feeling tired, ill, impotent. A feeling of non being given consideration and care, as well as the fear of having a malignant disease

DEPRESSION - MOODS OF DEPRESSION
Chronic pain causes somatization and consequently feelings of dependency and vulnerability.

Patients need to be frequently reassured.

Frequent beginning of a vicious circle: chronic stress may cause organic changes in certain biological systems, which, in their turn, may condition the psycho-emotional status of the individual.

Importance of a multidisciplinary approach, which includes an intensive psychological support for these frustrated and frustrating patients (Keltikangas-Jarvinen et al., 1989; Egan KJ, Krieger JL, 1997).
CHRONIC PROSTATITIS (CP/ CPPS)

MULTIDISCIPLINARY APPROACH

UROLOGIST
PSYCHOLOGIST
SEXUOLOGIST
REHABILITATION PHYSICIAN
COLONSCOPIOLOGIST
PAIN THERAPIST
URETHRAL/ PERINEAL CHRONIC PAIN
Need of a multidisciplinary approach

UROLOGIST
- Traditional pharmacological therapy
- Topical therapy
- Anaesthetic block

PSYCHOLOGIST
- Psychological evaluation of the patient
- Pharmacological therapy (psychotropic drugs)
- Psychoanalytical and behavioural therapies

NURSING
- Home support
- Coordination of therapies offered by other specialists

SOCIAL ASSISTANCE
- Rehabilitation of patient in home and working environments

PHARMACOLOGIST
- Evaluation of correct pharmacological treatment
- Suggestions as to experimental therapy in clinical phase
THE CONTRIBUTION OF THE PSYCHOLOGIST

- Frequently the patient arrives at the psychological consultation at the end of a tiring and unsuccessful clinical course of treatment
- The patient experiences this as a failure to offer a medical explanation
- Importance of the preventive phase in the beginning of the illness with accurate details of each case history and psychodiagnostic organization

Clarify the psychic components of the patient in the face of his experience of pain

CHRONIC PROSTATITIS
Psychological support
THE CONTRIBUTION OF THE PSICOLOGIST

- Knowledge of psychological mechanisms that regulate pain perception

Patients should be guided in their understanding of the interrelation of psychological factors and physical symptoms.

- Educate the patients about coping with distress and pain (behavioral modifications)
- Antistress therapies
Patients with CP/CPPS have recurrent physical symptoms but also many psychological problems.

The possible contribution of psychological factors has been considered to play an important role in CP/CPPS.

However, the incidence, nature and importance of this psychopathology are largely underdetermined.

Similar to what is often observed in other pain syndromes, physical disease and psychiatric disorders coexist and the assessment of their relative contribution is often not feasible.
CP/CPPS symptoms have a clear negative impact on the daily lives and relationships of these patients (sexual life, work)

Psychosocial factors cannot be overlooked when evaluating patients with CP/CPPS, avoiding trapping patients with diagnoses that would imply a nonphysiologic basis for their symptoms

Similar in other chronic pain syndromes, a multidisciplinary approach is recommended

Several studies indicate a strong need for psychic support of patients with CP/CPPS.